

Filing Fee: \$50.00

ID Number: 001665389



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED 8:45

SEP 18 2017

BUSINESS CORPORATION

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BUS SVCS DIV
2017 SEP 15 PM 12:23

BY 312631

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-12-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

- 1. The name of the corporation is Recovery Connection, Inc.
2. The document to be corrected is Articles of Incorporation
3. The document being corrected was originally filed on 7/27/2016
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement: The Articles of Incorporation were incorrectly filed as Articles of Incorporation for a business corporation and instead should have been filed as Articles of Incorporation for a professional service corporation. Recovery Connection, Inc.'s proof of professional liability insurance should also have been filed along with the Articles of Incorporation, as required for all professional service corporations.
5. The corrected portion of the document states as follows: Recovery Connection, Inc. is a Professional Service Corporation.
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing upon filing.

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Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 8/27/2017

Signature of Authorized Officer of the Corporation

Robert Almeida

Type or Print Name of Authorized Officer



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Article of Incorporation
 Professional Service Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation.

1. The name of the corporation is: Recovery Connection, Inc.		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. The profession to be practiced through the professional service corporation is: To provide drug treatment, counseling, and medical services to the public.		
3. The total number of shares which the corporation has the authority to issue is: <i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i>		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
<u>10,000</u>	<u>Common</u>	<u>\$0.1000</u>
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): Check the box to indicate an attachment. <input type="checkbox"/>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Robert Almeida		
Street Address (NOT a P.O. Box) 381 Wickenden Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2		

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment

7. The name and address of each incorporator is:

Name Robert Almeida	Address 381 Wickenden Street	
City/Town Providence	State RI	Zip Code 02903
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX

- Date received (Upon filing)
 Later effective date (Date must be no more than 90 days from the day of filing) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Signature of Incorporator  SIGN DOCUMENT HERE	Date 8/25/2017
Signature of Incorporator SIGN DOCUMENT HERE	Date
Signature of Incorporator SIGN DOCUMENT HERE	Date

A&M

DECLARATIONS

POLICY NUMBER MSG01313028

UNIQUE MARKET REFERENCES B087517C9N5007
B128410135F17

THE INSURED RECOVERY CONNECTION INC

ADDRESS 381 WICKENDEN STREET
PROVIDENCE RI 02903
US

THE UNDERWRITERS Underwritten by certain underwriters at Lloyd's, broken down as follows

In respect of Insuring Clauses 1 - 4 & 9 - 11

AMA 1200	20 08140%
ENH 5151	18 82350%
RNR 1458	12 04890%
CNP 4444	9 41180%
ATL 1861	8 03260%
NAV 1221	8 03260%
PEM 4000	8 03260%
LIB 4472	6 50000%
CGM 2488	4 01630%
MKL 3000	3 01220%
CHN 2015	2 00810%

In respect of Insuring Clauses 5 - 8 & 12

AML 2001	30 00000%
ENH 5151	15 00000%
BRT 2987	12 50000%
LIB 4472	10 00000%
ATL 1861	8 50000%
AMA 1200	8 50000%
PEM 4000	6 50000%
CGM 2488	2 50000%
MKL 3000	2 00000%
RNR 1458	1 50000%
CHN 2015	1 50000%
EVE 2786	1 50000%

In respect of Insuring Clauses 13, 14

No Cover Given

NOTICE
THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

THE INCEPTION DATE 00 01 Local Standard Time on 26 Aug 2017

THE EXPIRY DATE 00 01 Local Standard Time on 26 Aug 2018

TOTAL PAYABLE USD3,100 00

Broken down as follows

Premium USD2 850 00

Policy Administration Fee USD 250 00

OPTIONAL EXTENDED REPORTING PERIOD PREMIUM USD2 850
(only payable if you choose to exercise this option)

BUSINESS ACTIVITIES Outpatient clinic as more fully described in the application form dated 21 Apr 2017 and as held on file by CFC Underwriting Limited

CHOICE OF LAW Rhode Island

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SERVICE OF SUIT	Mendes & Mount LLP 750 7th Avenue New York NY10019-9399
LEGAL ACTION	Worldwide
US CLASSIFICATION	Surplus Lines
SURPLUS LINES BROKER	Timothy Turner 3400 W Olive Avenue, Suite 350 Burbank, CA 91505 Licence # 1078530 Expiry 30/07/2017
RETROACTIVE DATE	26 Aug 2016
CLAIMS MANAGERS	CFC Underwriting Limited Please report all new claims to newclaims@cfcunderwriting.com
WORDING	A&M CMB US v3 2
ENDORSEMENTS	PREMIUM PAYMENT CLAUSE SUBJECTIVITY CONDITION CLAUSE U S TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED NOT PURCHASED CLAUSE SANCTION LIMITATION AND EXCLUSION CLAUSE



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 18, 2017 08:45 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

